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MENTAL HEALTH Statistical Note No. 171

# Trends in Patient Care Episodes in Mental Health Organizations, United States, 1970-81

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## Introduction

As one means of observing the changes that have occurred in the locus of mental health care in the United States, the Survey and Reports Branch (SRB), Division of Biometry and Epidemiology (DBE), National Institute of Mental Health (NIMH) has routinely collected data on the number of patient care episodes in the various types of organizations providing mental health services. These data, which serve as a measure of the volume of services provided by mental health organizations, have been published periodically by NIMH since 1955,[1] the year in which the first decrease occurred in State and county mental hospital resident patient populations after more than a century of continuous growth. In keeping with the intent to provide a continuing update of these data, this report presents recent patient care episode data for the inpatient, outpatient and partial care services of mental health organizations in the United States[2] and an assessment of the changes that have taken place among these organizations over time.

## Sources and Qualifications of the Data

The latest data on patient care episodes presented herein were obtained from two inventories sponsored by SRB, DBE, NIMH. These were: (1) the Inventory of Mental Health Organizations (IMHO) conducted with the cooperation of the State mental health agencies in August 1982 to collect data for the year 1981 from State and county mental hospitals, private psychiatric hospitals, residential treatment centers for emotionally disturbed children, freestanding psychiatric outpatient clinics, freestanding psychiatric day/night organizations, and other multiservice mental health organizations; and (2) the Special Survey of Psychiatric/Alcoholism Services conducted jointly with the American Hospital Association in July 1981 to collect data for the year 1980 from non-Federal general hospitals with separate psychiatric services and Veterans Administration (VA) psychiatric services. For purposes of this report, patient care episodes during 1980 for inpatient, outpatient and partial care services of non-Federal general hospitals and psychiatric inpatient services of VA medical centers were aggregated with the 1981 patient care episode data for the mental health organizations surveyed by the IMHO.

Most of the mental health organizations covered in these two inventories reported patient care episode data on the survey forms; some provided the information when subsequently contacted by telephone. In the case of the few organizations for which this information could not be obtained by telephone, the data were imputed.[3]

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For examination of trends in patient care episodes over time, data are presented from surveys and inventories conducted by NIMH for selected years since 1955. As an aid to interpretation in using the data in this report, definitions of terms are given in the appendix.

## Current Status - 1980-81

During the 1980-81 period, there were 4,173 mental health organizations, exclusive of VA psychiatric services, providing mental health services in the United States (table 1). Of this number, slightly over half (2,178) had inpatient services, 60 percent (2,515), outpatient services, and 36 percent (1,489), partial care services. In addition, 127 VA medical centers provided psychiatric inpatient services. Patient care episodes in all of these services, exclusive of psychiatric outpatient and partial care services in VA medical centers, totaled 6,400,837 in 1981, of which 1,720,392 (27 percent) were inpatient episodes,[4] 4,441,163 (69 percent) were outpatient episodes, and 239,282 (4 percent) were partial care episodes (table 2 and figure 1).

About two-thirds of all inpatient care episodes in 1981 occurred in State and county mental hospitals and in separate psychiatric inpatient services of non-Federal general hospitals, with the general hospitals accounting for a somewhat higher percentage of these episodes (39 percent) than State and county mental hospitals (29 percent) (table 2; percents not shown). As would be expected, almost three-fifths (56 percent) of the outpatient care episodes in 1981 were in freestanding psychiatric outpatient clinics. Other multiservice mental health organizations also accounted for a substantial proportion of the outpatient episodes--22 percent (table 3). Similarly, these two organization types also accounted for most of the partial care episodes in 1981, with 48 percent of these episodes occurring in freestanding psychiatric outpatient clinics, and 24 percent in other multiservice mental health organizations (table 3).

From the data presented in tables 2 and 3 (percents not shown), it is seen that among mental health organizations providing all three types of services (inpatient, outpatient, and partial care) in 1981, 73 percent (499,169) of the 683,645 patient care episodes in State and county mental hospitals occurred in the inpatient services of these hospitals, while in other multiservice mental health organizations, 84 percent (991,049) of the total episodes (1,177,106) occurred in the outpatient services. For private psychiatric hospitals, non-Federal general hospitals with separate psychiatric services, and residential treatment centers for emotionally disturbed children (RTCs), there were substantial proportions of patient care episodes in both the inpatient and outpatient services of these organizations, with inpatient episodes constituting from 45 to 57 percent of all episodes and outpatient episodes ranging from 40 to 49 percent of the total.

## Trends - 1955-81

Approximately 1.7 million patient care episodes occurred in all mental health organizations during 1955, of which 77 percent (about 1.3 million) were inpatient episodes and the remaining 23 percent were outpatient episodes.[5] The inpatient services of State and county mental hospitals accounted for 63 percent of the inpatient episodes and almost half of the total episodes in 1955 (table 2 and figure 1). Over the ensuing 26-year period, 1955-81, the number of patient care episodes in all mental health organizations increased substantially to over 6.4 million episodes in 1981, and the locus in which these episodes occurred shifted significantly from inpatient to outpatient settings. In 1981, as noted above, 69 percent of all episodes were classified as outpatient and only 27 percent were inpatient episodes, while the remaining 4 percent occurred in partial care

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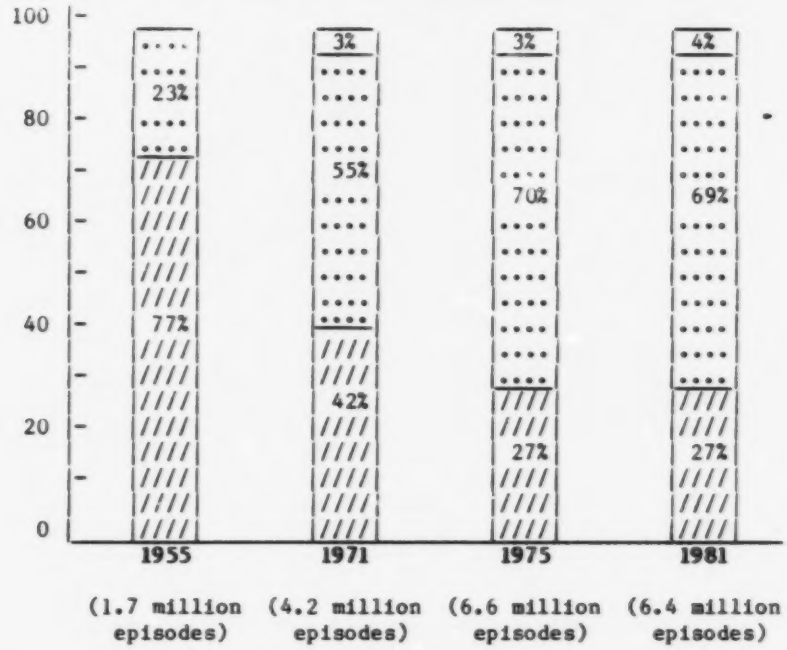
settings. By 1981, State and county mental hospitals accounted for only 10 percent of all patient care episodes (table 2).

**Figure 1**

**Percent distribution of patient care episodes in mental health organizations by type of service: United States, 1955, 1971, 1975, and 1981**




This pattern of increase in patient care episodes and the shift from inpatient to outpatient care began during the 1955-71 period, when the introduction of tranquilizing drugs, other new treatment procedures, and the policies of deinstitutionalization were reducing psychiatric hospital populations. Similarly, during this period, the establishment of the federally funded community mental health center program and the growth in the number of other community-based psychiatric services, such as those in non-Federal general hospitals and freestanding psychiatric outpatient clinics, were placing greater emphasis on noninpatient care. As a result, outpatient care episodes increased sixfold between 1955 and 1971, from 379,000 to slightly over 2.3 million; as a percentage of all episodes, this represented an



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increase from 23 to 55 percent (figure 1). In contrast, inpatient care episodes experienced a much smaller gain, from about 1.3 to about 1.8 million episodes in the 1955-71 period, such that by 1971 they represented only 42 percent of all episodes compared to 77 percent in 1955. The increase in inpatient care episodes between 1955 and 1971 was principally attributable to the community-based inpatient psychiatric services of non-Federal general hospitals and federally funded CMHCs, since inpatient episodes in State and county mental hospitals and private psychiatric hospitals had decreased during this period (table 2).

As a result of the establishment of increasing numbers of outpatient and partial care services and continued expansion of the federally funded community mental health center program which emphasized these services, patient care episodes in these two types of services just about doubled between 1971 and 1975. Outpatient care episodes increased from 2.3 million to 4.6 million, and partial care episodes increased from about 120,000 to almost 215,000 (table 2). Inpatient care episodes, however, showed only a minimal increase of 3 percent in this period, from 1.76 to 1.82 million episodes, with inpatient services in all but State and county mental hospitals, RTCs and other multiservice organizations contributing to this small increase. Thus, by 1975, as a result of these changes, outpatient care episodes represented 70 percent of all patient care episodes in mental health organizations, while inpatient care episodes dropped to only 27 percent of the total. Partial care settings accounted for the remaining 3 percent of all episodes (figure 1).

Since 1975, the number of patient care episodes in mental health organizations has shown a slight decline. The first small drop, noted in the 1977 data, was a result of a decrease in outpatient care episodes between 1975 and 1977, which was not offset by small increases in inpatient and partial care episodes (table 2). By 1981, the number of patient care episodes in all mental health organizations had further decreased from just over 6.6 million in 1977 to about 6.4 million, with both inpatient and outpatient care episodes contributing about equally to the decrease. This drop in patient care episodes during the 1977-81 period was mainly attributable, to the continued decrease in inpatient care episodes in State and county mental hospitals, as well as to decreases in outpatient care episodes in these hospitals and psychiatric inpatient care episodes in VA medical centers (tables 2 and 3).

Due, in part, to some reclassification of mental health organizations in 1981,[6] the number of patient care episodes in certain organization types increased substantially between 1977 and 1981. Most notable, for example, were the sizeable increases in inpatient care episodes in other multiservice mental health organizations and in non-Federal general hospital psychiatric services, as well as substantial gains in outpatient and partial care episodes in these organizations and in freestanding psychiatric outpatient clinics during this period (tables 2 and 3).

Although the total number of patient care episodes in mental health organizations appears to have leveled off since 1975, with small decreases in inpatient and outpatient care episodes observed in the most recent period (1977-81), the ongoing trend toward a higher rate of use of community-based organizations (e.g., general hospitals, freestanding psychiatric outpatient clinics, multiservice mental health organizations) by the mentally ill appears to have been sustained.



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## Footnotes

[1]National Institute of Mental Health publications on patient care episodes in mental health organizations include:

Statistical Note 23, Changes in the Distribution of Patient Care Episodes - 1955-1968, By Facility Type. April 1970.

Statistical Note 58, Distribution of Patient Care Episodes in Mental Health Facilities, 1969. January 1972.

Statistical Note 92, Patient Care Episodes in Psychiatric Services, United States 1971. August 1973.

Statistical Note 127, Provisional Data on Patient Care Episodes in Mental Health Facilities, 1973. February 1976

Statistical Note 139, Provisional Data on Patient Care Episodes in Mental Health Facilities, 1975. August 1977.

Statistical Note 154, Trends in Patient Care Episodes in Mental Health Facilities, 1955-1977. September 1980.

[2]The mental health organizations covered herein include those organizations listed and defined in the appendix. Omitted from this report are patient care episodes in the psychiatric outpatient and partial care services of Veterans Administration medical centers, and in all psychiatric services maintained by other Federal agencies, such as, the Public Health Service, Indian Health Service, Department of Defense, Bureau of Prisons, etc. Also excluded are episodes of psychiatric care in private office practice of mental health professionals, general medical practice and clinics, and other nonmental health settings such as neighborhood health centers, general hospital medical services, nursing homes and other settings.

[3]When patient care episode data for a mental health organization could not be obtained by telephone, data from the most recent prior inventory were used; if this number was not available, the data were imputed.

[4]For purposes of this Note, inpatient care episodes include episodes of residential treatment care (see definitions in appendix).

[5]No counts of partial care settings in mental health organizations were made as early as 1955, but it is probable that this type of service was either nonexistent or at least very minimal at that time.

[6]As a result of the 1981 shift in funding of the community mental health centers program from categorical to block grants, the category "federally funded CMHC" was dropped from the 1982 Inventory of Mental Health Organizations. For that survey, organizations that had been previously classified as CMHCs were classified as multiservice mental health organizations, freestanding psychiatric outpatient clinics, or psychiatric units of non-Federal general hospitals, depending on the types of services they directly operated and controlled.



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## Appendix

## Definition of Terms

### Patient care episodes

Patient care episodes are defined as the number of residents in inpatient care services (or the number of persons on the rolls of outpatient and partial care services of mental health organizations at the beginning of the year) plus the total additions to these organizations during the year. Total additions during the year include new admissions, readmissions, and returns from long-term leave. It is, therefore, a duplicated count of persons. In counting admissions rather than persons, two types of duplication are introduced. First, the same person may be admitted more than once to a particular organization during the year. In this case, the same person is counted as many times as he/she is admitted. Secondly, the same person may be admitted to two or more different organizations during the year. Again, he/she is counted as an admission to each organization which he/she is admitted. Duplication also occurs because episodes are counted independently by type of service (inpatient, outpatient, day treatment services). A person who is an inpatient in a hospital, released to a day care program and then followed as an outpatient, for example, would be counted as having three episodes.

Duplicate counting of persons also occurs in the other component of patient care episodes, that is, the number of cases at the beginning of the interval. This component is approximated by the sum of the number of residents in inpatient care at the beginning of the year and number of persons on the rolls of outpatient and partial care services at the beginning of the year. Duplication does not occur in counting residents, since it is not physically possible for a given individual to be a resident in two different types of inpatient care services at one time. However, it is possible for one individual to be on the rolls of two different outpatient clinics simultaneously. Therefore, there is some duplicate counting of persons in this approximation to the number of cases at the beginning of the interval.

The index, patient care episodes, therefore, is not equal to a true annual prevalence rate nor the annual prevalence of treated mental disorder, since episodes of care rather than cases are counted. This index does present useful measures of the volume of services used by persons with mental disorders and as such is useful in describing the distribution of episodes by type of service and type of organization.

### Types and Definitions of Mental Health Organizations

**Federally funded comprehensive community mental health center** (CMHC) -- A legal entity through which comprehensive mental health services are provided to a delineated catchment area. This mental health delivery system may be implemented by a single organization (with or without subunits) or by a group of affiliated organizations which make available at least the following essential mental health services: inpatient, partial, outpatient, emergency care, and consultation and education. Further, one of the component organizations of the CMHC is the recipient of Federal funds under P.L. 88-164 (construction) and/or P.L. 89-105 (staffing) or amendments thereto.

**Freestanding psychiatric outpatient clinic** -- An organization that provides only ambulatory mental health services. The medical responsibility for all patients/clients and/or direction of the mental health program is generally assumed by a psychiatrist.



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**General hospital with separate psychiatric service(s)** -- A licensed non-Federal or VA hospital that has established organizationally separate psychiatric units with assigned staff for inpatient care and/or outpatient care and/or partial care to provide diagnosis, evaluation, and/or treatment to persons admitted with known or suspected psychiatric diagnoses. If inpatient care is the separate psychiatric service, beds are set up and staffed specifically for psychiatric patients in a separate ward or unit. These beds may be located in a separate building, wing, ward, or floor, or they may be a specific group of beds physically separated from regular or surgical beds.

**Mental health day/night organization** -- A freestanding organization offering primarily day or night partial care. It may also provide services in an outpatient program element but does **not** provide services in an inpatient program element.

**Multiservice mental health organization** -- An mental health organization that provides outpatient care **and** inpatient/residential treatment care in settings that are under the organization's direct administrative control. If inpatient/residential and/or outpatient care are provided on behalf of the organization by other mental health organization(s) under contract or through affiliation agreement, the organization is **not** classified as a "multiservice mental health facility," but rather as some other organization type. Administrative control includes financial **and** staffing **and** clinical **and** programmatic responsibility.

**Psychiatric hospital** -- A public (e.g., State and county, VA) or private organization licensed or operated as a hospital that is primarily concerned with providing inpatient care to mentally ill and emotionally disturbed persons.

**Residential treatment center for emotionally disturbed children** -- A residential treatment center for emotionally disturbed children must meet **all** of the following criteria:

a. It is an organization, not licensed as a psychiatric hospital, that has as a primary purpose the provision of individually planned programs of mental health treatment services in conjunction with residential care for its patients/clients.

b. It has a clinical program within the facility that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's and/or a doctorate degree.

c. It serves children and youth primarily under age 18.

d. The primary reason for the admission of 50 percent of more of the children and youth are mental illnesses that can be classified by DSM-II/ICDA-8 or DSM-III/ICD-9-CM codes, other than those codes for mental retardation, substance (drug)-related disorders, and alcoholism.

**Veterans Administration (VA) psychiatric services** -- Hospital-based, short-stay and long-stay psychiatric units operated by V.A. medical centers as well as partial care and outpatient units.



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**Types and Definitions of Services (Program Elements)**

**Inpatient care** -- 24-hour care in a hospital setting.

**Outpatient care** -- Mental health services to ambulatory clients/patients generally provided for less than 3 hours at a single visit, on an individual group, or family basis, usually in a clinic or similar facility.

**Partial care** -- A planned program of mental health treatment services generally provided in sessions of 3 or more hours to groups of patients/clients. Included are **day/evening treatment programs**, that is treatment programs that place heavy emphasis on intensive, short-term therapy, and rehabilitation. Such programs may also provide **day care** and **education and training** (see definitions below), but the critical factor is that they must provide **day/evening treatment.** Excluded are those programs that do **not** provide **day/evening treatment** but instead provide only: **day care** -- (programs that focus on sustainment, maximization, or socialization through recreation and/or occupational activities, etc., including sheltered workshops) or **educational and training** --(programs in which the focus is on change through an integration of education, habilitation, and training including special education classes, therapeutic nursing schools, habilitation and vocational training).

**Residential treatment care** -- Overnight care in conjunction with an intensive treatment program in a setting other than a hospital.



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Table 1. Number of mental health organizations and number of inpatient, outpatient and partial care services within these organizations, by type of organization: United States, 1981

| Type of organization | Number of organizations | Number of organizations with specified service | | |
|---|---|---|---|---|
| | | Inpatient | Outpatient | Partial |
| **All mental health organizations:** | | | | |
| **Including VA** | N.A. | 2,305 | N.A. | N.A. |
| **Excluding VA** | 4,173 | 2,178 | 2,515 | 1,489 |
| State and county mental hospitals | 277 | 277 | 91 | 62 |
| Private psychiatric hospitals | 211 | 211 | 70 | 71 |
| Veterans Administration psychiatric services[a] | N.A. | 127 | N.A. | N.A. |
| Non-Federal general hospitals with separate psychiatric services[a] | 1,531 | 1,059 | 529 | 340 |
| Residential treatment centers for emotionally disturbed children. | 339 | 339 | 60 | 64 |
| Freestanding psychiatric outpatient clinics | 1,473 | - | 1,473 | 662 |
| **Public** (State and county) | 472 | - | 472 | 223 |
| **Nonpublic** | 1,001 | - | 1,001 | 439 |
| Freestanding psychiatric day/night organizations | 50 | - | 1 | 50 |
| Multiservice mental health organizations | 292 | 292 | 291 | 240 |

[a]Provisional data are for 1980.

Notes: N.A. - indicates not available.
(-) - indicates data were not reported for those mental health organizations or services.



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Table 2. Number, percent distribution, and rate per 100,000 civilian population of inpatient, outpatient, and partial care episodes in mental health organizations, by type of organization for inpatient care episodes: United States, 1955, 1965, 1969, 1971, 1975, 1977, and 1981

| Year | Total episodes all mental health organizations[a] | Inpatient care episodes by type of organization | | | | | | | | Total outpatient care episodes[a] | Total partial care episodes[c] |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Total | State & county mental hospitals | Private psychiatric hospitals | VA psychiatric services | Non-Federal genl. hosp. sep. psych. services | Federally funded CMHCs | Residential treatment centers for children | Other multiservice mental health organizations[b] | | |
| **Number of patient care episodes** | | | | | | | | | | | |
| 1981 | 6,400,837 | 1,720,392 | 499,169 | 176,513 | 205,580[c] | 676,941[d] | e | 34,426 | 127,763 | 4,441,403 | 239,282 |
| 1977 | 6,639,186 | 1,846,090 | 574,226 | 150,685 | 217,507 | 571,725 | 268,[illegible] | 33,504 | 29,477 | 4,576,366 | 216,730 |
| 1975 | 6,648,470 | 1,817,108 | 598,993 | 137,025 | 214,264 | 565,696 | 246,[illegible] | 28,302 | 25,937 | 4,618,276 | 213,086 |
| 1971 | 4,190,913 | 1,755,816 | 745,259 | 97,963 | 176,800 | 542,642 | 150,088 | 28,637 | 34,427 | 2,316,754 | 118,343 |
| 1969 | 3,682,454 | 1,710,372 | 767,115 | 102,510 | 186,913 | 535,493 | 65,000 | 21,340 | 32,001 | 1,894,451 | 77,631 |
| 1965 | 2,636,525 | 1,565,525 | 804,926 | 125,428[f] | 115,845 | 519,328 | - | - | - | 1,071,000 | - |
| 1955 | 1,675,352 | 1,296,352 | 818,832 | 123,[illegible]31[f] | 88,355 | 265,934 | - | - | - | 379,000 | - |
| **Percent distribution** | | | | | | | | | | | |
| 1981 | 100.0% | 26.9 | 7.8 | 2.8 | 3.2 | 10.6 | e | 0.5 | 2.0 | 69.4 | 3.7 |
| 1977 | 100.0% | 27.8 | 8.6 | 2.3 | 3.3 | 8.6 | 4.1 | 0.5 | 0.4 | 68.9 | 3.3 |
| 1975 | 100.0% | 27.3 | 9.0 | 2.1 | 3.2 | 8.5 | 3.7 | 0.4 | 0.4 | 69.5 | 3.2 |
| 1971 | 100.0% | 41.9 | 17.9 | 2.3 | 4.2 | 12.9 | 3.1 | 0.7 | 0.8 | 55.3 | 2.8 |
| 1969 | 100.0% | 46.4 | 20.8 | 2.8 | 5.2 | 14.5 | 1.8 | 0.6 | 0.9 | 51.4 | 2.1 |
| 1965 | 100.0% | 59.4 | 30.5 | 4.8 | 4.4 | 19.7 | - | - | - | 40.6 | - |
| 1955 | 100.0% | 77.4 | 48.8 | 7.4 | 5.3 | 15.9 | - | - | - | 22.6 | - |
| **Rate per 100,000 civilian population** | | | | | | | | | | | |
| 1981 | 2812 | 756 | 219 | 77 | 90 | 297 | e | 15 | 56 | 1951 | 105 |
| 1977 | 3078 | 856 | 266 | 70 | 101 | 265 | 125 | 16 | 14 | 2122 | 100 |
| 1975 | 3146 | 860 | 283 | 65 | 101 | 268 | 117 | 13 | 12 | 2185 | 101 |
| 1971 | 2052 | 860 | 365 | 48 | 87 | 266 | 64 | 14 | 17 | 1134 | 58 |
| 1969 | 1853 | 861 | 386 | 52 | 94 | 269 | 33 | 11 | 16 | 953 | 39 |
| 1965 | 1376 | 817 | 420 | 65 | 60 | 271 | - | - | - | 559 | - |
| 1955 | 1028 | 795 | 502 | 76 | 54 | 163 | - | - | - | 233 | - |

[a] Excludes patient care episodes in psychiatric outpatient services of VA medical centers.
[b] Includes freestanding psychiatric day/night organizations and other multiservice mental health organizations.
[c] Excludes patient care episodes in psychiatric partial care services of VA medical centers.
[d] Provisional data for 1980.
[e] See footnote 6 of text.
[f] Included some private facilities exclusively for alcoholic or geriatric patients, which were subsequently determined to be not classifiable as private psychiatric hospitals.

Note: (-) indicates data were not reported for those mental health organizations or services.

Table 3. Number, percent distribution, and rate per 100,000 civilian population of outpatient and partial care episodes in mental health organizations, by type of organization: United States, 1977 and 1981

| Type of organization | Number | | Percent distribution | | Rate per 100,000 civ. population | |
|---|---|---|---|---|---|---|
| | 1977 | 1981 | 1977 | 1981 | 1977 | 1981 |
| **Outpatient episodes[a]** | | | | | | |
| **All organizations** | 4,576,366 | 4,441,163 | 100.0 | 100.0 | 2121.8 | 1950.8 |
| State and county mental hospitals | 290,314 | 169,165 | 6.3 | 3.8 | 134.6 | 74.3 |
| Private psychiatric hospitals | 78,864 | 125,746 | 1.7 | 2.8 | 36.6 | 55.2 |
| Non-Federal general hospitals with separate psychiatric services | 448,820 | 647,045[c] | 9.8 | 14.6 | 208.1 | 284.2 |
| Federally funded community mental health centers | 1,741,729 | c | 38.2 | d | 807.5 | d |
| Residential treatment centers for emotionally disturbed children | 36,092 | 37,710 | 0.8 | 0.8 | 16.7 | 16.6 |
| Freestanding psychiatric outpatient clinics | 1,768,503 | 2,470,448 | 38.6 | 55.6 | 819.9 | 1085.1 |
| Other mental health organizations[e] | 212,044 | 991,049 | 4.6 | 22.4 | 98.3 | 435.3 |
| **Partial care episodes[b]** | | | | | | |
| **All organizations** | 216,730 | 239,282 | 100.0% | 100.0% | 100.5 | 105.1 |
| State and county mental hospitals | 12,864 | 15,311 | 5.9 | 6.4 | 6.0 | 6.7 |
| Private psychiatric hospitals | 4,406 | 9,313 | 2.0 | 3.9 | 2.0 | 4.1 |
| Non-Federal general hospitals with separate psychiatric services | 14,551 | 43,552[c] | 6.7 | 18.2 | 6.7 | 19.1 |
| Federally funded community mental health centers | 140,415 | d | 64.8 | d | 65.1 | d |
| Residential treatment centers for emotionally disturbed children | 4,878 | 4,566 | 2.3 | 1.9 | 2.3 | 2.0 |
| Freestanding psychiatric outpatient clinics | 27,282 | 108,246 | 12.6 | 45.2 | 12.6 | 47.5 |
| Other mental health organizations[e] | 12.334 | 58,294 | 5.7 | 24.4 | 5.7 | 25.6 |

[a]Excludes patient care episodes in psychiatric outpatient services of VA medical centers.
[b]Excludes patient care episodes in psychiatric partial care services of VA medical centers.
[c]Provisional data for 1980.
[d]See footnote 6 of text.
[e]Includes freestanding psychiatric day/night organizations and other multiservice mental health organizations.



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